



Blog article by Liz Zanella BHSc
For Clinical Myotherapy Collective

“So, what exactly is Myotherapy, anyway?”

I hear it a lot. And I’m sure I’m not the only Clinical Myotherapist who has heard the question, either. It appears that ‘we’ have chosen a career path that is not as well known as we may have realised as starry-eyed new (but probably not-so-young) students of the field. As far as I’m aware, most of us came to Clinical Myotherapy after various other qualifications, life experiences, and, yes, injury recovery.

To answer the question above I have a few short answers ready to hand, but have sometimes struggled with a brief answer for my friends, family and patients.

I recently asked a fellow Clinical Myo - someone I rate highly in both knowledge and practice - about how they frame their answer. They explain it along the lines of (not a direct quote, forgive my paraphrasing, TL); *‘when you have an injury you need to be able to*

exercise and move to regain strength and movement - which you might go to a Physio for - but in the meantime you can't move much and you're not sure what you can or should be doing, and that's where 'we' come in'.

Based on many conversations I've had about how to communicate what my profession involves, I realised it might be easy for people to think that Clinical Myotherapy is just the stop-gap between injury and movement recovery. *But do people out there know what we do?* The thought struck me. It slapped me! Perhaps we (as Myos) need to be a little bit more assertive in expressing our professional identity. *So much more than a stop-gap! We have so much to offer! So many skills and tools! So much knowledge and research!* You might have guessed it already, but I'm pretty passionate about my job. I wonder if Clinical Myotherapy is yet to announce its rightful place in integrative health...

So, what do 'we' do? Who are 'we'?

Let me start with an umbrella term to help place us broadly within the Health sector. The term '*Physical Therapy*' describes health practitioners and therapists who are qualified and specialise in assessing and treating limitations, injuries and conditions that prevent people from moving and functioning to their best ability.

It's certainly not an extensive list, but in Australia, Physical Therapists include: Physiotherapists, Osteopaths, Chiropractors, & Clinical Myotherapists (*where's the writing tool that makes a word flash excitingly in neon???*). Due to varying approaches, skill sets, and

modalities these practitioners will often work with and alongside each other, depending on their patient's condition, injury, or needs. Physical Therapists are often categorised as Allied Health or as Complementary Medicine.

In terms of qualifications, Myotherapists can be qualified by advanced diploma or degree, with 'Clinical Myotherapy' denoting the degree level of qualification. Clinical 'Myos' have completed a Bachelor of Health Science (Clinical Myotherapy).

The Myotherapy approach is heavily influenced by the Biopsychosocial (BPS) model of health science, which is an holistic concept that regards Biological factors along with Psychological and Social factors as equally important and influential to an individual's health. (For more info about the BPS model, check out Physiopedia's article [here](#)). I don't think I'm being controversial by saying that the purely Biomedical approach is broadly considered outdated, but I'm happy to discuss. Myotherapy has evolved a lot from its [early history](#), where it began as a set of manual techniques to relieve myofascial pain. We now know a *lot* more about pain, than back in the 1970s (pain science is a massive area of ongoing research, the [NOI group](#) based in Adelaide, are at the forefront of Pain Management and Pain Education, they do amazing work!), and we now understand that physical limitations may not involve pain at all.

Myotherapists still include clinical assessment for soft tissue (muscle, fascia, ligament, tendon) involvement, but now-a-days we also consider cartilage, joint tissue, bone, hormonal influences, too. To date we are

equipped with more pathology and physiology knowledge, and are trained to continually research to be able to differentiate, identify, and treat a broad range of conditions, beyond 'myofascial pain'.

So moving on from the background information, back to *what we do...*

Clinical Myotherapists listen to and assess their patients through structured, clinical methods. We work with the patient to set and achieve physical health goals (involving their movement / pain / stress / limitations / comorbidities) through manual therapies*, pain education, lifestyle advice and movement guidance or exercise prescription. The methods and modalities we use are evidence-informed and individualised for each patient. Depending on the presenting issues, we can focus on modifying pain, increasing movement, rehabilitation from injury and surgery, and we can support people through recovery from the physical impacts of

chronic stress and through other conditions that negatively impact a person's ability to achieve activities of daily living.

**Manual therapies include techniques such as:*

dry needling, joint mobilisation, passive stretching, remedial massage, neural flossing, and much more.

So that's about as brief as I can get it. I know, it's wordy. I'll work on it, I promise.

If you're a fellow Myotherapist, I'd love to hear how you explain our role? Or if you've been a patient of a Myotherapist, how would you describe how Myotherapy has helped you? I look forward to reading your comments.

Liz Zanella is a Clinical Myotherapist running her own business in Northcote, and one of the three founders of the newly established *Clinical Myotherapy Collective* in Fairfield. She is an artist, musician, and writer, and has a keen interest in the human form and function.